

VOLUNTEER DRIVER INFORMATION SHEET

Driver: _____ Telephone: _____
Address: _____ Cell Number: _____

Expiration Date of Driver's License: _____

VEHICLE THAT WILL BE DRIVEN:

Name of Owner: _____ Year and Make: _____
Address of Owner: _____ Model: _____
_____ Color: _____
License Plate #: _____

INSURANCE INFORMATION:

Insurance Company: _____

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, have the required coverage in effect on any vehicle used to transport the children during the current school year and have a workable seat belt for each passenger as required by law.

I UNDERSTAND THAT WHILE DRIVING MY VEHICLE ON BEHALF OF The Diocese of Toledo, **my insurance will be primary for any accident or injury in which I may be involved.** The insurance of The Diocese of Toledo will be excess over my insurance for liability only, and will not provide me with any medical payments or un/underinsured motorist's coverage. The Diocese does not provide comprehensive and collision coverage on my vehicle

Signature: _____

Date: _____

NOTE: This form must be on file in order for you to transport children on a field trip.